

FILED NOV 5 1948

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Fells Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

George W Pforr

3. (b) If veteran,
name war. no

3. (c) Social Security
No. _____

4. Sex male 5. Color or
race white 6. (a) Single, widowed, married,
divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Feb 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 80 2 hr. min.

9. Birthplace Weldon Spring MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William Pforr 4

13. Birthplace Hannover Germany
(City, town, or county) (State or foreign country)

14. Maiden name Annie Long

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Pforr

(b) Address West Oatton

17. (a) Buried (b) Date thereof 10-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director T. E. Pitman

(b) Address Westville MO

19. (a) 10/13/48 (b) Mrs. V. M. Vandewater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles
(c) City or town Weldon Spring
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) FEUAD
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1948 hour 3:05 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 9
1948, to Oct 12 1948
that I last saw him alive on Oct 12
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia right side
Cerebral hemorrhage
paralysis of right side

Due to _____ 14 day

Due to Hypertensive cardiac vascular
renal disease Unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

3 top

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Donald D. Huchler (M. D. or other) MD

Address Warrenton MO Date signed 10-12-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address.....

T. E. Pitman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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